1	PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004												
									Application or Docket Number				
CLAIMS AS FILED - PART I										<u> 10 f</u>	563	19/	
L	<del></del>		(Colu	mn 1)	·	(Column 2)		SMALL EN TYPE		OR	OTHE:	R THAN ENTITY	
U.S. NATIONAL STAGE FEES							7	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAF	RGE ENT. = \$ 300	1	BASIC FEE	<del> </del>		BASIC FEE	1 7/	
EX	AMINATION F	EE	(4) = \$5	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del> </del>	-	EXAM. FEE	000	
SEARCH FEE			ALL other o	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	The state of the s	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =	1	X \$ 125 =	<del> </del>	-		900	
TOTAL CHARGEABLE CLAIMS			19 m	inus 20 =			ł	<u> </u>	<del> </del>		X \$ 250 =		
INDEPENDENT CLAIMS			1-10	/ minus 3 = ,			ł	X \$ 25 =	<del> </del>	OR	X \$ 50 =		
MULTIPLE DEPENDENT CLAIM PRE			<del>/</del>	milus 3 –	*			X \$ 100 =		OR	X \$ 200 =	ł	
								+ \$ 180 =		OR	+ \$ 360 =	- 1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900	
CLAIMS AS AMENDED - PART II												7	
	(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING		HIGHE NUME		PRESENT			ADDI-	7 1		ADDI-	
	7.4.1	AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total		Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	<del></del>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+ \$ 180 =		OR	+ \$ 360 =		
							L	TOTAL ADDIT.		OR	TOTAL ADDIT.		
	•	(Calvis A)						FEE			FEE		
٦		(Column 1) CLAIMS		(Colum	_	(Column 3)	r						
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	<b>nd</b> ependent	*	Minus	***		=	T	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					f	+ \$ 180 =		OR	+ \$ 360 =			
	· .							OTAL ADDIT.			OTAL ADDIT.		
								FEE L			FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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